

Form 441-1 (Rev. 10/2000)

SACRAMENTO, CA 95812-1139

Sex	Color	Hair	Color	Eyes	Height	Weight
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11. Give below your occupational and employment record for the past five years (including periods of self-employment, unemployment, school attendance, etc.):

Date of Employment	By Whom Employed	Nature of Work	Reason for Leaving
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I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF AND THAT EACH STATEMENT THEREIN MADE IS FULL, TRUE AND

CORRECT. I UNDERSTAND THAT PURSUANT TO SECTIONS 1668(h) AND 1738 OF THE INSURANCE CODE ANY

FALSE STATEMENT MAY SUBJECT MY APPLICATION TO DENIAL AND MAY SUBJECT MY LICENSE(S) TO SUSPENSION OR REVOCATION. FURTHER, I AUTHORIZE FINANCIAL INSTITUTIONS TO DISCLOSE TO THE INSURANCE COMMISSIONER RECORDS OF ANY FIDUCIARY ACCOUNT FOR THE DURATION OF THIS CERTIFICATE. I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION AT ANY TIME.

Signature of Applicant

Executed this _____ day of _____, 20____, at _____

City or Town

State

COMPANY STATEMENT OF APPOINTMENT

To the Insurance Commissioner:

_____ has investigated or has caused to be investigated the experience, character and past record or dealings of the applicant herein, and knowing the applicant is worthy of a certificate, does hereby appoint the applicant as its agent, and requests that the foregoing application be granted.

Name of Company

Authorized Representative

Dated: _____